



**APPLICATION**  
For  
**INDIVIDUAL MEMBERSHIP**  
**LANCASTER COUNTY FIREMEN'S ASSOCIATION INC**

Benefits of Individual membership of the Lancaster County Firemen's Association Inc (LCFA):

- Monthly subscription to the PA Fireman Magazine.
- 5% discount on all LCFA bookstore purchases.
- Under the current bylaws, all members after one year of membership, get a \$1,000.00 Death Benefit. Current Beneficiary Designation Form must be on file at LCFA.

What LCFA does for you and your Lancaster County Emergency Services Organization:

- Provide fire safety education trailer for public education
- Covers up to \$1,000.00 of consumables for training at Lancaster County Public Safety Training Center (LCPSTC) or Pequea Lane Fire School per year
- Provides fire department use of Pequea Lane Fire School facilities
- LCFA funds the position of the Fire Training Coordinator at Lancaster County Public Safety Training Center (LCPSTC)
- Contributes to funding of Lancaster County Public Safety Training Center Foundation

If you are a member of a Lancaster County Emergency Services Organization, you are invited to join for a multi-year membership at the below rates. Make checks payable to LCFA. Mail payment and completed form(s) to LCFA, 630 East Oregon Road, Lititz, PA 17543.

Membership Fee(s):

\_\_\_\_\_ \$7.00/1 Year      \_\_\_\_\_ \$21.00/3 Years      \_\_\_\_\_ \$35.00/5 Years

I, \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Print full name here)

of \_\_\_\_\_  
(Mailing address)

Phone (\_\_\_\_) \_\_\_\_\_, E-mail \_\_\_\_\_, hereby requests admission to membership in the LCFA and remit payment as indicated above. All members are Beneficial after one year of membership. The Death Benefit requires a Beneficiary Designation Form to be completed if applying for more than a one-year of membership.

I am a member in good standing of \_\_\_\_\_  
(Name of Lancaster County Emergency Services Organization of which you are a member)

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

How would you like to receive your monthly PA Fireman Magazine? (Select one)

\_\_\_\_\_ Digital Flipbook®      \_\_\_\_\_ USPS Mail      \_\_\_\_\_ Both



**LANCASTER COUNTY FIREMEN'S ASSOCIATION INC.**

630 EAST OREGON ROAD, LITITZ, PA 17543

**Beneficiary Designation for LCFA Death Benefits**

Complete this block each time this form is used – Please Print

Name of Organization \_\_\_\_\_ Date \_\_\_\_\_

Member's Name \_\_\_\_\_ Member's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Complete, sign and date this block if you wish to name or change your beneficiary.**

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced LCFA Death Benefit Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contingent

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contingent

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If none of the above-named beneficiaries are living at the time of death, I direct that payment be made in accordance with the LCFA Resolution governing death benefits. I reserve the right to revoke or change this designation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The original signed copy of this form should be returned to LCFA and a duplicate copy should be kept by the member and review and updated on a regular basis.

NOTE: SEE NEXT PAGE SIDE FOR EXAMPLES FOR SPECIFYING BENEFICIARIES.

### Specifying Beneficiaries

<b>Individual (always show relationship to the insured)</b>	<b>*Primary Beneficiary</b>	<b>**Contingent Beneficiary</b>	<b>Second Contingent Beneficiary</b>
One Beneficiary	Jane Ann Jones, Wife, 100%	(Leave blank)	(Leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, Wife, 100%	Dave Lee Jones, Son, 100%	(Leave blank)
Two primary Beneficiaries and one Contingent Beneficiary	Arthur Leo Jones, Father, 50% Grace Hays Jones, Mother, 50%	Marie Jones Ford, Sister, 100%	(Leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two Second Contingent Beneficiaries	Jane Ann Jones, Wife, 100%	Children born of marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, Father, 50% Grace Hays Jones, Mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, Mother, 50% Mary Jones Ford, Sister, 25% William Roger Jones, Brother, 25%	Surviving Primary Beneficiaries share equally in the portion designation for any Beneficiary(ies) who predeceases the insured	(Leave blank)
Insured's Estate	Executors, Administrators or Assigned of the insured	(Leave blank)	(Leave blank)

\*Primary Beneficiary is the person(s) who will receive the death benefit proceeds.

\*\*Contingent Beneficiary is the person(s) who will receive the death benefit proceeds if the primary beneficiary is not alive.

RETURN ORIGINAL SIGNED COPY TO LCFA – MEMBER SHOULD KEEP A COPY